

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: KY
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: KY

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 7,392,732 (65.1 %)

B.Children with special health care needs:

\$ 3,963,231 (34.9 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 0 (0 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 39,984,700

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 39,553,100

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 22,552,700

\$ 79,537,800

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 90,893,763

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 120,200

c. CISS: \$ 102,700

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 136,178,300

h. AIDS: \$ 0

i. CDC: \$ 913,200

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 137,314,400

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 228,208,163

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2010
Field Note:
Budget information only includes DPH.
2. **Section Number:** Form2_Main
Field Name: OtherFunds
Row Name: Other Funds
Column Name:
Year: 2010
Field Note:
Budget information only includes DPH.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: KY

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,144,971	\$ 11,790,466	\$ 11,890,984	\$ 9,867,117	\$ 11,496,808	\$ 12,577,935
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 44,820,066	\$ 44,432,787	\$ 36,006,800	\$ 41,308,565	\$ 38,641,635	\$ 38,052,447
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 40,000	\$ 27,365,739	\$ 36,975,138	\$ 28,135,311	\$ 31,913,800	\$ 31,755,395
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 57,005,037	\$ 83,588,992	\$ 84,872,922	\$ 79,310,993	\$ 82,052,243	\$ 82,385,777
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 102,815,538	\$ 110,880,874	\$ 108,013,919	\$ 107,853,532	\$ 112,641,200	\$ 111,480,363
9. Total <i>(Line11, Form 2)</i>	\$ 159,820,575	\$ 194,469,866	\$ 192,886,841	\$ 187,164,525	\$ 194,693,443	\$ 193,866,140
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: KY

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,471,220	\$ 10,521,672	\$ 11,322,259	\$	\$ 11,355,963	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 36,719,700	\$ 46,204,803	\$ 34,967,800	\$	\$ 39,984,700	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 32,185,300	\$ 73,538,348	\$ 40,131,800	\$	\$ 39,553,100	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 80,376,220	\$ 130,264,823	\$ 86,421,859	\$ 0	\$ 90,893,763	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 110,802,600	\$ 125,889,173	\$ 117,684,744	\$	\$ 137,314,400	\$
9. Total <i>(Line11, Form 2)</i>	\$ 191,178,820	\$ 256,153,996	\$ 204,106,603	\$ 0	\$ 228,208,163	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
2008 budget for State funds did not include funds from the Commission for Children with Special Health Care Needs. This was overlooked.
2. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2008
Field Note:
2008 budget did not include funds for Commission for Children with Special Health Care Needs. This was overlooked.
3. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
Additional Federal WIC funds and other carry forward dollars were added during the year.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: KY

	FY 2005		FY 2006		FY 2007	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 6,631,832	\$ 11,708,265	\$ 12,443,344	\$ 11,738,026	\$ 12,015,585	\$ 12,071,140
b. Infants < 1 year old	\$ 5,372,174	\$ 12,482,912	\$ 11,644,368	\$ 11,262,161	\$ 11,244,075	\$ 11,299,630
c. Children 1 to 22 years old	\$ 12,082,939	\$ 20,204,085	\$ 21,953,161	\$ 20,412,236	\$ 21,198,485	\$ 21,254,040
d. Children with Special Healthcare Needs	\$ 28,017,794	\$ 32,164,712	\$ 31,153,314	\$ 29,077,825	\$ 30,082,370	\$ 30,249,236
e. Others	\$ 3,549,378	\$ 5,716,691	\$ 6,246,511	\$ 5,710,391	\$ 6,031,778	\$ 6,087,331
f. Administration	\$ 1,350,920	\$ 1,375,272	\$ 1,432,224	\$ 1,110,354	\$ 1,479,950	\$ 1,424,400
g. SUBTOTAL	\$ 57,005,037	\$ 83,651,937	\$ 84,872,922	\$ 79,310,993	\$ 82,052,243	\$ 82,385,777
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 98,080		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 45,400		\$ 100,000	
c. CISS	\$ 0		\$ 900		\$ 140,000	
d. Abstinence Education	\$ 834,700		\$ 1,094,600		\$ 817,100	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 85,800,000		\$ 87,690,400		\$ 99,523,800	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 5,217,058		\$ 7,381,800		\$ 6,419,800	
j. Education	\$ 0		\$ 5,423,119		\$ 0	
k. Other						
Primary Care Coop Ag	\$ 0		\$ 0		\$ 106,800	
Title X Family Plann	\$ 0		\$ 0		\$ 5,533,700	
Primary Care Coop	\$ 0		\$ 151,300		\$ 0	
Title X	\$ 5,100,000		\$ 6,226,400		\$ 0	
Early Childhood Syst	\$ 100,000		\$ 0		\$ 0	
KEIS	\$ 5,374,700		\$ 0		\$ 0	
Oral Health Systems	\$ 65,000		\$ 0		\$ 0	
Sound Start (CCSHCN)	\$ 126,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 102,815,538		\$ 108,013,919		\$ 112,641,200	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: KY

	FY 2008		FY 2009		FY 2010	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 11,978,021	\$ 12,015,585	\$ 12,738,461	\$	\$ 12,738,461	\$
b. Infants < 1 year old	\$ 11,093,737	\$ 11,299,630	\$ 12,871,863	\$	\$ 12,871,863	\$
c. Children 1 to 22 years old	\$ 20,901,244	\$ 21,254,040	\$ 21,483,222	\$	\$ 21,483,222	\$
d. Children with Special Healthcare Needs	\$ 29,261,741	\$ 27,621,862	\$ 32,056,924	\$	\$ 32,056,924	\$
e. Others	\$ 5,948,816	\$ 56,849,306	\$ 5,982,998	\$	\$ 10,454,902	\$
f. Administration	\$ 1,192,661	\$ 1,224,400	\$ 1,288,391	\$	\$ 1,288,391	\$
g. SUBTOTAL	\$ 80,376,220	\$ 130,264,823	\$ 86,421,859	\$ 0	\$ 90,893,763	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 94,644		\$ 120,200	
c. CISS	\$ 140,000		\$ 140,000		\$ 102,700	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 110,000,000		\$ 116,923,300		\$ 136,178,300	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 562,600		\$ 526,800		\$ 913,200	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
III. SUBTOTAL	\$ 110,802,600		\$ 117,684,744		\$ 137,314,400	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2010
Field Note:
Replace with actual DPH number
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2010
Field Note:
Add DPH
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2010
Field Note:
Replace with actual DPH number
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2010
Field Note:
Add DPH
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
Others include federal funds that cross state fiscal years. Funds unexpended in 2008 will be used in the first quarter of 2009.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2010
Field Note:
Add DPH

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: KY

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 33,725,945	\$ 37,064,813	\$ 40,190,615	\$ 37,514,099	\$ 38,808,998	\$ 38,873,442
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 11,358,802	\$ 26,614,675	\$ 24,697,316	\$ 23,158,808	\$ 23,945,269	\$ 24,009,673
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 8,383,644	\$ 14,699,643	\$ 15,349,733	\$ 14,355,289	\$ 14,822,062	\$ 14,890,506
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,536,646	\$ 5,272,806	\$ 4,635,258	\$ 4,282,797	\$ 4,475,914	\$ 4,612,156
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 57,005,037	\$ 83,651,937	\$ 84,872,922	\$ 79,310,993	\$ 82,052,243	\$ 82,385,777

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: KY

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 38,024,186	\$ 87,728,752	\$ 38,953,442	\$	\$ 48,357,692	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 23,473,704	\$ 23,318,377	\$ 24,881,451	\$	\$ 23,318,377	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 14,550,482	\$ 14,671,604	\$ 16,357,598	\$	\$ 14,671,604	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,327,848	\$ 4,546,090	\$ 6,229,368	\$	\$ 4,546,090	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 80,376,220	\$ 130,264,823	\$ 86,421,859	\$ 0	\$ 90,893,763	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2010
Field Note:
Add 13243435 to DPH
2. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
CCSHCN: \$13,334,755
3. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Add DPH
4. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
Add 2314768 to DPH
5. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
CCSHCN: \$2,330,729
6. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Add DPH
7. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2010
Field Note:
Add 670558 to DPH
8. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2007
Field Note:
CCSHCN: \$675,182
9. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Add DPH
10. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2010
Field Note:
Add 545240 to DPH
11. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2007
Field Note:
CCSHCN: \$548,999
12. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services

Column Name: Expended
Year: 2008
Field Note:
Add DPH

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: KY						
Total Births by Occurrence: <u>56,608</u>				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	<u>54,368</u>	<u>96</u>	<u>10</u>	<u>5</u>	<u>5</u>	<u>100</u>
Congenital Hypothyroidism	<u>54,368</u>	<u>96</u>	<u>134</u>	<u>30</u>	<u>30</u>	<u>100</u>
Galactosemia	<u>54,368</u>	<u>96</u>	<u>73</u>	<u>5</u>	<u>5</u>	<u>100</u>
Sickle Cell Disease	<u>54,368</u>	<u>96</u>	<u>11</u>	<u>6</u>	<u>6</u>	<u>100</u>
Other Screening (Specify)						
Biotinidase Deficiency	<u>54,368</u>	<u>96</u>	<u>83</u>	<u>24</u>	<u>24</u>	<u>100</u>
Cystic Fibrosis	<u>54,368</u>	<u>96</u>	<u>136</u>	<u>7</u>	<u>7</u>	<u>100</u>
Hemoglobinopathies	<u>54,368</u>	<u>96</u>	<u>21</u>	<u>8</u>	<u>8</u>	<u>100</u>
Homocystinuria	<u>54,368</u>	<u>96</u>	<u>5</u>	<u>0</u>	<u>0</u>	
Maple Syrup Urine Disease	<u>54,368</u>	<u>96</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Congenital Adrenal Hyperplasia (CAH)	<u>54,368</u>	<u>96</u>	<u>48</u>	<u>1</u>	<u>1</u>	<u>100</u>
Tyrosinemia Type I	<u>54,368</u>	<u>96</u>	<u>2</u>	<u>0</u>	<u>0</u>	
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	<u>54,368</u>	<u>96</u>	<u>26</u>	<u>8</u>	<u>8</u>	<u>100</u>
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2010
Field Note:
2008 data is preliminary and numbers could change.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: KY

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	10,038	65.5		1.1	31.7	1.7
Infants < 1 year old	25,831	78.2		0.9	18.9	2.0
Children 1 to 22 years old	196,540	52.9		4.4	41.9	0.8
Children with Special Healthcare Needs	8,893	71.7		20.7	7.6	
Others	55,221	20.0		7.9	69.4	2.7
TOTAL	296,523					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

- Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Total infants served by Title V will not match the total number of births as Title V will not serve all births that occur in the state.
- Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
For the category "Others" for this reporting year, totals included all those aged 23+ whereas in the past, it included 21+, however, since the 21 and 22 year olds are captured in the children 1-22 served, it was decided to report only those 23+ for this category. This will be the method used in future reporting on this indicator.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: KY

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	54,599	46,549	5,238	65	833	7	0	1,907
Title V Served	71	52	3	0	3	12	1	0
Eligible for Title XIX	19,113	17,161	1,461	134	101	69	0	187
INFANTS								
Total Infants in State	55,409	47,818	5,643	125	641	28	1,154	0
Title V Served	64,562	53,197	7,576	114	409	694	2,572	0
Eligible for Title XIX	34,290	28,342	4,663	215	206	135	0	729

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	51,784	2,779	36	0	0	0	0	2,779
Title V Served	27	44	0	0	0	0	0	44
Eligible for Title XIX	19,097	16	0	0	0	0	0	16
INFANTS								
Total Infants in State	52,922	2,487	0	0	0	0	0	2,487
Title V Served	59,107	5,455	0	0	0	0	0	5,455
Eligible for Title XIX	0	0	34,290	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Data will not match exactly with what is reported on form seven.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2010
Field Note:
Total infants data is obtained from Census estimates for 2008. Total infants served data on form 7 represents services provided at Local Health Departments and does not capture services provided in private health care provider offices.
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2010
Field Note:
Data for total Title V infants served may be higher than Total Infants in State because while it is unduplicated, it includes Well Child services , which may be duplicated.
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2010
Field Note:
2008 data is preliminary.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: KY

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 462-6122	(800) 462-6122	(800) 462-6122	(800) 462-6122	(800) 462-6122
2. State MCH Toll-Free "Hotline" Name	Maternal and Child Health Information Toll Free Line	Adult and Child Health Information Toll Free Line	Adult and Child Health Information Toll Free Line	Adult and Child Health Information Toll Free Line	Adult and Child Health Toll Free Line
3. Name of Contact Person for State MCH "Hotline"	Ruth Ann Shepherd	Ruth Ann Shepherd	Gwen Cobb	Gwen Cobb	Gwen Cobb
4. Contact Person's Telephone Number	(502) 564-2154	(502) 564-2154	(502) 564-2154	(502) 564-2154	(502) 564-2154
5. Contact Person's Email	ruth.shepherd@ky.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1,975	1,756	1,811

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: KY

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: KY

1. State MCH Administration:
(max 2500 characters)

The Kentucky Department for Public Health (DPH) administers Title V programs and services through Kentucky's local health departments. There are 56 local and district health departments that provide Title V program and Services in 120 counties. DPH allocates 34.9% on the MCH Block Grant to the Commission for Children with Special Health Care Needs. Other funds are allocated to our University partners, the University of Kentucky and the University of Louisville. The Universities provide training for local health department and state DPH staff and research including Maternal Mortality Review and Fetal and Infant Mortality Review (FIMR) and Injury Prevention Services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,355,963
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 39,984,700
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 39,553,100
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 90,893,763

9. Most significant providers receiving MCH funds:

Local Health Departments
University of Kentucky
University of Louisville

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	10,038
b. Infants < 1 year old	25,831
c. Children 1 to 22 years old	196,540
d. CSHCN	8,893
e. Others	55,221

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Well Child and Adolescent Preventive Health Services, pregnancy prevention projects and prenatal care for low income women not eligible for Medicaid, Folic Acid Supplementation, EPSDT, KCHIP Outreach, WIC, Abstinence Education and Positive Youth Development, Early Childhood Mental Health, Early Childhood Oral Health, Healthy Start in Childcare, KIDS SMILE, Substance abuse education, Immunizations, Commission for Children with Special Health Care Needs Clinics and working with special needs children in foster care, Case Management and Services, Lead Screening and Case Management, Fluoride Varnish and Dental Sealants, HANDS Home Visitation program, Family Planning Services, Coordinated School Health, Obesity and Nutrition Counseling, Tobacco Cessation counseling, Tobacco Quitline, Mobile Dental Clinics, First Steps program, Injury Prevention program, Breastfeeding Coalitions, Physical Activity, Nutrition, Tobacco and Asthma (PANTA) School Resource Guide, Centering in Pregnancy, Suicide Prevention, Diabetes Education, March of Dimes Prematurity Campaign and Demonstration project. Other grants project and programs.

b. Population-Based Services:
(max 2500 characters)

Prenatal care and education for program eligible pregnant women, metabolic screening of all newborns, follow-up case management and treatment in University Speciality Clinics, fluoridation of water in all communities, Lead Screening and Case Management, Child Fatality Review and Injury Prevention, Grief Counseling Services, Healthy Start in Childcare, Early Childhood Mental Health, Early Childhood Oral Health, Folic Acid Awareness and supplementation, HANDS Home Visitation Services, Newborn Hearing Screening, Rape Prevention, Safe Kids Coalitions, KY Birth Surveillance registry, Neonatal Intensive Care and Follow-up, Oral Health education and Services, Coordinated School Health.

c. Infrastructure Building Services:
(max 2500 characters)

KY State Laboratory for expanded Newborn Screening, Folic Acid Partnership, KY Pediatric Society, Get Healthy KY Board, Capacity Building through local health departments and University Partners including training, assessment, research, program improvement and evaluation, KIDS NOW Advisory Board, Coordinated School Health Interagency Coalition, Suicide Prevention Workgroup, Lead Poisoning Prevention Advisory Workgroup, Physical Activity, Nutrition, Tobacco and Asthma (PANTA) School Resource Guide, KY Women's Health Research Registry, Pediatric Nurses training, Family Planning Nurses training, Prenatal Local Health Department Nurse training, Local Health Department Community Assessments, DPH Quality Assurance/Quality Improvement review process, and the KY General Assembly.

12. The primary Title V Program contact person:

Name	Ruth Ann Shepherd, MD, FAAP, CPHQ
Title	Director
Address	275 East Main Street
City	Frankfort

13. The children with special health care needs (CSHCN) contact person:

Name	Rebecca J. Cecil
Title	Executive Director
Address	982 Eastern Parkway
City	Louisville

State	Kentucky
Zip	40621
Phone	502-564-4830
Fax	502-564-8389
Email	ruth.shepherd@ky.gov
Web	

State	Kentucky
Zip	40217
Phone	502-595-4459
Fax	502-595-4673
Email	rebecca.cecil@ky.gov
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: KY

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	95.5	96	98	98	99
Annual Indicator	83.6	98.4	98.5	97.6	99.2
Numerator	46	380	534	526	711
Denominator	55	386	542	539	717
Data Source					KY Newborn Screening Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	99.2	99.5	99.5	99.5	99.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>63</u>	<u>65</u>	<u>67</u>	<u>67</u>	<u>68</u>
Annual Indicator	<u>61.3</u>	<u>65.1</u>	<u>69.3</u>	<u>64.1</u>	<u>62.5</u>
Numerator	<u>5,651</u>	<u>5,560</u>	<u>6,141</u>	<u>5,261</u>	<u>3,999</u>
Denominator	<u>9,214</u>	<u>8,543</u>	<u>8,862</u>	<u>8,206</u>	<u>6,398</u>
Data Source					CSCN Database (FY 08)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>69</u>	<u>70</u>	<u>70</u>	<u>70</u>	<u>70</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Actual data derived from KY CSHCN database for FY 2007-2008. Age group used for this PM is 3-18 as KY utilizes transition checklist information for the numerator; and the transition checklist is primarily completed for children age 3 and older.

The annual indicator declined and the annual performance objective was set at an increase and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	92	93
Annual Indicator	90.4	90.1	90.0	91.3	91.9
Numerator	8,327	7,699	7,976	7,618	7,606
Denominator	9,214	8,543	8,862	8,343	8,277
Data Source					CCSHCN Database (FY 08)
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	93	94	94	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Actual data derived from KY CCSHCN database for FY 2007-2008.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	64.9	65	93	93	99
Annual Indicator	63.0	91.0	89.8	92.4	94.0
Numerator	6,247	7,778	7,962	8,125	8,210
Denominator	9,913	8,543	8,862	8,791	8,733

Data Source

CCSHCN Annual Report for FY 08 and CCSHCN Database

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Actual data derived from KY CCSHCN Annual Report for FY 2007-2008 (numerator) and CCSHCN Database (denominator). Age group used for this PM is 0-21 as previous year information is not available in 0-18 sub-group for numerator.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>77</u>	<u>78</u>	<u>93</u>	<u>93</u>	<u>93</u>
Annual Indicator	<u>81.2</u>	<u>91.1</u>	<u>89.8</u>	<u>92.9</u>	<u>95.5</u>
Numerator	<u>7,484</u>	<u>7,781</u>	<u>7,961</u>	<u>7,749</u>	<u>7,901</u>
Denominator	<u>9,214</u>	<u>8,543</u>	<u>8,862</u>	<u>8,343</u>	<u>8,277</u>
Data Source					CSCN Database (FY 08)
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>96</u>	<u>97</u>	<u>97</u>	<u>98</u>	<u>98</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2008
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Actual data derived from KY CSHCN database for FY 2007-2008.
- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2007
Field Note:
 Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.
- Section Number:** Form11_Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2006
Field Note:
 The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	50	51	52	53	30
Annual Indicator	13.6	9.6	9.7	55.4	52.1
Numerator	1,250	821	859	897	790
Denominator	9,214	8,543	8,862	1,618	1,517
Data Source					CCSHCN Database (FY 08)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	53	54	54	55	55
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Actual data derived from KY CCSHCN database for FY 2007-2008. Age group queried for this PM has been changed to 14-18. The data set queried for the numerator pertains to transition information that the CCSHCN primarily obtains beginning at the age of 14. The denominator data set has also been changed to the age group of 14-18. This will provide a better representation of the age group which is targeted for transition services for adulthood.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	77	82	92	92	86
Annual Indicator	79.1	79.7	84	80.9	80.9
Numerator					
Denominator					
Data Source					CDC's NIP Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	86	88	88	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2008
Field Note:
 Numerator and denominator data are not available. Data is from the CDC NIP survey. Data reflects year 2007, the 2008 data will not be available until sometime next year.
- Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2007
Field Note:
 Numerator and denominator data are not available. Data is from the CDC NIP survey. Data reflects year 2006, the 2007 data will not be available until sometime next year.
- Section Number:** Form11_Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2006
Field Note:
 Numerator and denominator data are not available. Data is from the CDC NIP survey.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	29	21	23	23	23
Annual Indicator	23.7	23.9	25.2	25.0	24.2
Numerator	1,928	1,994	2,141	2,139	2,067
Denominator	81,291	83,328	84,817	85,420	85,420
Data Source					KY live birth certificate files and U.S. Census Bu
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>23</u>	<u>23</u>	<u>22</u>	<u>22</u>	<u>21</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change. The 2008 Census population estimates are not currently available therefore the denominator reflects 2007 census population estimates.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2007
Field Note:
 2007 data is preliminary and numbers could change.
- Section Number:** Form11_Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change. Teen birth rates have been steadily declining in KY as well as the nation over the last few years. Teen birth rates increased by 2.7% in 2006 in Kentucky as well as the nation. This was the first increase in 15 years nationally.

 Future Objectives were reviewed but no changes were made at this time because the 2006 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	35	33	33	30	31
Annual Indicator	29.0	29.0	29.0	29.0	23.9
Numerator	15,222	15,222	15,222	15,222	18,790
Denominator	52,489	52,489	52,489	52,489	78,505
Data Source					U.K. denatl sealant program data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	31	31	32	32	32
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The annual indicator declined and the annual performance objective was set at an increase and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The survey was last conducted in 2004. The Oral Health program anticipates conducting the survey next calendar year and will have updated data the following year.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The survey was last conducted in 2004. The Oral Health program anticipates conducting the survey next calendar year and will have updated data the following year.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.9	5.8	4.6	4.5	3
Annual Indicator	6.1	5.0	4.6	2.5	2.7
Numerator	50	41	38	21	22
Denominator	826,377	823,524	828,830	828,157	828,157
Data Source					KY vital stats death certificate files & U.S. cens
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	2.5	2.5	2	2	2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change. 2008 census population estimates are not currently available therefore, 2007 population estimates were used for the denominator.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2007
Field Note:
 2007 data is preliminary and numbers could change.
 Because 2007 data is preliminary, future objectives for National Performance Measure #10 will not be revised at this time.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change. A slight decline was observed in this indicator from 2005-2006. KY was successful in passing a Primary Seat Belt Law and the Graduated Driver's License Program during our last legislative session. It is hopeful that with continued prevention and education efforts along with the two new laws, that this indicator will continue to decline.

 Future objectives were reviewed but no changes were made at this time because the 2006 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			25	26	28
Annual Indicator		25.3	27.5	23.2	23.2
Numerator		13,915	3,980	3,416	3,416
Denominator		55,000	14,465	14,725	14,725
Data Source					Pediatric Nutrition Surveillance Survey for KY
Do not report the numerator because there are fewer than 5 events over the last year, and the 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	29	29	30	30	31
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is not currently available data shown reflects year 2007.

The annual indicator declined and the annual performance objective was set at an increase and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

Data reflects 2006 data. The 2007 data is not yet available.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2005 was incorrectly calculated and should be 7080/27987.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
Annual Indicator	99.4	99.8	99.8	99.0	96.8
Numerator	51,849	51,837	51,837	57,619	54,805
Denominator	52,172	51,932	51,932	58,184	56,635

Data Source

EHDI Program (CY 08)

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data for this PM is provided by the KY Early Hearing Detection and Intervention program.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	7.5	8.5	9
Annual Indicator	9	6.7	9.7	8	8
Numerator					
Denominator					
Data Source					U.S. Census Bureau Current Population Survey for 2

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	8	7.5	7.5	7.5	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data not available yet, so 2007 data is used for preliminary reporting. Data for this indicator was obtained from Census Current Population Survey, Annual Social and Economic Supplement. Numerator and denominator were not available.

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data not available yet, so 2006 data is used for preliminary reporting. Data for this indicator was obtained from Census Current Population Survey, Annual Social and Economic Supplement. Numerator and denominator were not available.

3. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for this indicator was obtained from Census Current Population Survey, Annual Social and Economic Supplement. Numerator and denominator were not available.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			32	34	16
Annual Indicator		35.3	17.9	32.0	32.0
Numerator		45,948	9,626	18,277	18,277
Denominator		130,165	53,777	57,117	57,117
Data Source					Pediatric Nutrition Surveillance Survey for KY
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>31</u>	<u>30</u>	<u>30</u>	<u>29</u>	<u>29</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is not currently available and numbers reflect 2007 data. For data year 2006, children between 2 and 5 who were obese were not included in the numerator only those at risk for being overweight were reported; therefore, the 2006 indicator appears lower than other years. For years 2007 and 2008 those children receiving WIC between the ages 2 and 5 at risk of overweight or obese were reported in the numerator.

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

Data is from the PedNESS survey.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

Data is from 2006 PedNSS survey of WIC providers in Kentucky. Data for 2005 should be 18.2% (10,051/55227), but cannot be changed on the form. Data from 2006 is also from KY PedNSS.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			22	22	21
Annual Indicator		23.4	24.0	22.5	23.0
Numerator		12,285	13,092	13,084	12,572
Denominator		52,545	54,614	58,164	54,634
Data Source					KY Vital Statistics files, live birth certificate
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	19	19	18
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change.

The annual indicator increased and the annual performance objective was set at an decrease and cannot be changed for this reporting year. Future objectives have been modified based on the current reporting year.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is preliminary and numbers could change.

3. **Section Number:** Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is preliminary and numbers could change.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.9	7	7	8
Annual Indicator	10.0	7.9	10.0	10.6	8.9
Numerator	29	22	28	30	25
Denominator	289,004	278,234	278,933	282,187	282,187
Data Source					KY vital stats death cert files & U.S. census bure
not report the numerator because 5 events over the last year, and 5 events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	8	7.5	7.5	7	7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change. 2008 population estimates are currently not available therefore, 2007 population estimates were used for the denominator.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2007
Field Note:
 2007 data is preliminary and numbers could change.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change.

 Future objective were reviewed but were not changed because 2006 data is preliminary and number could change.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	61	64	82	70	55
Annual Indicator	73.8	60.0	54.6	54.9	54.8
Numerator	669	452	419	437	414
Denominator	906	753	767	796	755
Data Source					KY vital stats live birth cert files
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	56	56	58	58	60
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

KY has previously reported this indicator as VLBW born at any facility with a neonatal intensive care unit, but after reexamining the indicator this year we have limited it to VLBW babies born only in a Level 3 center.

Data for 2008 NUMERATOR is number of very low birth weight (less than 1,500 grams) babies born at level III facilities to KY residents. Denominator is total very low birth weight babies born in state to KY residents.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data is preliminary and numbers could change.

KY has previously reported this indicator as VLBW born at any facility with a neonatal intensive care unit, but after reexamining the indicator this year we have limited it to VLBW babies born only in a Level 3 center.

Data for 2007 NUMERATOR is number of very low birth weight (less than 1,500 grams) babies born at level III facilities to KY residents. Denominator is total very low birth weight babies born in state to KY residents.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

KY has previously reported this indicator as VLBW born at any facility with a neonatal intensive care unit, but after reexamining the indicator this year we have limited it to VLBW babies born only in a Level 3 center.

2006 data is preliminary and numbers could change. Total birth files have not been received yet, therefore, numbers are lower than expected. The percentage will most likely decrease when files are complete. Due to this, it appears Kentucky has met the Annual Performance Objectives, when in reality, we have not. Therefore, the Objectives have not been increased.

Future objectives were reviewed but are unchanged because the 2006 data is preliminary and number could change.

Data for 2006 NUMERATOR is number of very low birth weight (less than 1,500 grams) babies born at level III facilities to KY residents. Denominator is total very low birth weight babies born in state to KY residents.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	85.9	86	78	80	75
Annual Indicator	74.6	73.5	72.5	72.4	72.0
Numerator	39,863	39,414	40,927	41,103	38,222
Denominator	53,425	53,646	56,443	56,749	53,085
Data Source					KY Vital Statistics Live Birth Certificate files
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	76	76	78	78	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change

The calculation of this indicator has changed. There currently does not exist a standard method of calculation set forth by the National Center for Health Statistics and states that have switched to the new certificate are using their own method of calculation. Month prenatal care began is no longer reported on the KY certificate of live birth. Since the adoption of the new standard certificate of live birth in 2004, the data collection for this indicator has changed. Date of first and last prenatal care visit and total number of visits are now reported along with the date of the last menstrual period; therefore, month prenatal care began must be calculated for each record based on several variables. A new method for calculating this indicator was provided to Region IV and adopted by KY and applied to the 2004-2007 data which was based on methodology developed by a programmer with the National Center for Health Statistics. This could be a possible reason for the decline observed.

2. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2007
Field Note:
 2007 data is preliminary and numbers could change.

The calculation of this indicator has changed. There currently does not exist a standard method of calculation set forth by the National Center for Health Statistics and states that have switched to the new certificate are using their own method of calculation. Month prenatal care began is no longer reported on the KY certificate of live birth. Since the adoption of the new standard certificate of live birth in 2004, the data collection for this indicator has changed. Date of first and last prenatal care visit and total number of visits are now reported along with the date of the last menstrual period; therefore, month prenatal care began must be calculated for each record based on several variables. A new method for calculating this indicator was provided to Region IV and adopted by KY and applied to the 2004-2007 data which was based on methodology developed by a programmer with the National Center for Health Statistics. This could be a possible reason for the decline observed.

3. **Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change.

The calculation of this indicator has changed. There currently does not exist a standard method of calculation set forth by the National Center for Health Statistics and states that have switched to the new certificate are using their own method of calculation. Month prenatal care began is no longer reported on the KY certificate of live birth. Since the adoption of the new standard certificate of live birth in 2004, the data collection for this indicator has changed. Date of first and last prenatal care visit and total number of visits are now reported along with the date of the last menstrual period; therefore, month prenatal care began must be calculated for each record based on several variables. A new method for calculating this indicator was provided to Region IV and adopted by KY and applied to the 2004-2006 data which was based on methodology developed by a programmer with the National Center for Health Statistics. This could be a possible reason for the decline observed.

STATE PERFORMANCE MEASURE # 1

Decrease the death rate for children age 0-18 due to unintentional injury and/or violence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			9	9	9
Annual Indicator	11.0	10.9	21.3	17.4	15.4
Numerator	116	114	225	184	163
Denominator	1,052,419	1,049,314	1,056,466	1,058,380	1,058,380
Data Source					KY Vital Statistics Death Certificate Files and U.
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	15	14	14	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

For consistency in reporting of this indicator, ICD10 codes were based on the Unintentional injury and violence codes as used in the CDC WISQARS reporting tool beginning with the 2006 data. In past years, the same ICD10 codes may not have been used and this could have caused the rise in the death rates.

For years 2006 and forward, ICD10 codes used in calculating this indicator were: V01-X59, Y85-Y86, X60-X84, Y87.0, X85-Y09, Y87.1, Y35, and Y89.0.

Data Source: KY Vital Statistics Files, Death certificate files, & U.S. Census Bureau Population Estimates for KY. 2007 Population estimates were used for 2008 as 2008 estimates are currently not available.

2. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data is preliminary and numbers could change.

For consistency in reporting of this indicator, ICD10 codes were based on the Unintentional injury and violence codes as used in the CDC WISQARS reporting tool beginning with the 2006 data. In past years, the same ICD10 codes may not have been used and this could have caused the rise in the death rates.

For years 2006 and forward, ICD10 codes used in calculating this indicator were: V01-X59, Y85-Y86, X60-X84, Y87.0, X85-Y09, Y87.1, Y35, and Y89.0.

Data Source: KY Vital Statistics Files, Death certificate files, & U.S. Census Bureau Population Estimates for KY.

3. Section Number: Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

For consistency in reporting of this indicator, ICD10 codes were based on the Unintentional injury and violence codes as used in the CDC WISQARS reporting tool beginning with the 2006 data. In past years, the same ICD10 codes may not have been used and this could have caused the rise in the death rates.

For years 2006 and forward, ICD10 codes used in calculating this indicator were: V01-X59, Y85-Y86, X60-X84, Y87.0, X85-Y09, Y87.1, Y35, and Y89.0.

Data Source: KY Vital Statistics Files, Death certificate files, & U.S. Census Bureau Population Estimates for KY.

STATE PERFORMANCE MEASURE # 2

Reduce the rate of substantiated incidence of child abuse, neglect, or dependency.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	16	15	9.4	14	14
Annual Indicator	18.4	18.9	19.1	18.5	14.7
Numerator	18,275	18,827	19,003	18,469	14,802
Denominator	993,875	996,407	996,407	999,531	1,003,973
Data Source					Dep. for Community Based Services TWIST database o
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	12	12	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 population estimates are currently not available therefore, 2007 estimates were used for the denominator.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is from TWIST data from 7/1/2005 to 6/30/2006. Denominator is total children in Kentucky ages 0 to <18. Numerator is total number of investigated children substantiated for child abuse and/or neglect. Due to staff changes, data may not have been consistently reported in previous years, which could explain the varying numbers from 2002 to 2004. Data from 2004 to 2006 was reviewed with DCBS staff and verified. Data source is Child Abuse and Neglect of Child Fatalities and Near Fatalities, State Fiscal Year 2006 (July 1, 2005 to June 30, 2006). This report is submitted annually to the governor.

STATE PERFORMANCE MEASURE # 7

Increase the percent of women of childbearing age that present to a local health department that receive a preconceptual service.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			12	82	82
Annual Indicator		77.6	80.6	83.4	69.7
Numerator		177,301	184,168	158,736	147,291
Denominator		228,567	228,567	190,233	211,369
Data Source					KY Local Health Dep. reporting system (CDP)
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	72	72	74	74
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

This indicator has been changed since it was first developed in last years grant application. The 2005 data reflects women aged 15-44 in minority populations (any race/ethnicity except for Non-Hispanic Whites) that presented to the Local Health Department for a preconceptual service. This indicator was changed for 2006 to include any woman aged 15-44 regardless of race/ethnicity that presented to the Local Health Department for any reason and received a preconceptual service. This indicator was changed due to the very small numbers of minority women of childbearing age presenting to the Local Health Department for services, and the new indicator will provide a better measure for women of childbearing age that receive preconceptual services regardless of their reason for presenting to the Local Health Department.

STATE PERFORMANCE MEASURE # 8

Reduce the percentage of live births that are preterm.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			16	14	14
Annual Indicator	14.4	15.0	15.2	15.2	15.1
Numerator	8,026	8,398	8,793	8,961	8,255
Denominator	55,779	55,990	57,954	58,952	54,634
Data Source					KY vital stats live birth cert files
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	14	12	12	10	10
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data is preliminary and numbers could change.

STATE PERFORMANCE MEASURE # 9

Percentage of foster care children served by the Commission for Children with Special Health Care Needs (CCSHCN)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			20	30	40
Annual Indicator		2.5	2.8	4.9	5.7
Numerator		164	182	368	424
Denominator		6,600	6,600	7,500	7,414
Data Source					CCSHCN and DCBS Databases
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	7	8	9	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2008
Field Note:
 CCSHCN Database query: 6/30/08; DCBS FACTS 6/1/08

STATE PERFORMANCE MEASURE # 10

Percentage of medically fragile foster children served by the Commission.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	45	55
Annual Indicator		5.6	85.7	78.1	83.2
Numerator		9	120	125	129
Denominator		160	140	160	155
Data Source					CCSHCN and DCBS Databases
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	85	85	86	86	87
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #10
Field Name: SM10
Row Name:
Column Name:
Year: 2008
Field Note:
 6/4/08 CCSHCN Database census & 6/2/08 DCBS census

STATE PERFORMANCE MEASURE # 11

The number of Medicaid covered women who had at least one dental visit during their pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				28	34
Annual Indicator			27.3	32.3	33.3
Numerator			9,588	11,972	12,332
Denominator			35,099	37,053	36,988
Data Source					KY Medicaid claims data warehouse
Is the Data Provisional or Final?	Final				Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	34	35	35	36	36
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #11
Field Name: SM11
Row Name:
Column Name:
Year: 2006
Field Note:
2006 data is preliminary and numbers could change.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: KY

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6.4	6.4	6.4	6.3
Annual Indicator	6.8	6.8	7.4		
Numerator	379	382	429		
Denominator	55,779	55,990	57,929		
Data Source					KY vital stats live birth and death cert files

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6.3	6	6	6	5.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Data is too provisional to report at this time.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

Data is too provisional to report at this time.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is preliminary and numbers could change.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1.8	1.7	1.7	1.7	1.7
Annual Indicator	2.3	2.3	2.2	2.1	1.8
Numerator	15.2	14.7	14.7	11.6	9.9
Denominator	6.7	6.3	6.8	5.4	5.5

Data SourceKY vital stats death
cert files

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.6	1.6	1.6	1.6	1.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

2. **Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data is preliminary and numbers could change.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3.9	3.6	3.5	3.5	3.5
Annual Indicator	4.1	4.1	4.5	4.0	3.3
Numerator	226	232	260	236	183
Denominator	55,779	55,990	57,929	58,959	54,634
Data Source					KY vital stats live birth and death cert files
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	2.5	2.5	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is preliminary and numbers could change.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	1.9	2.5	2.5	2.5	2.5
Annual Indicator	2.7	2.7	2.9	2.4	2.4
Numerator	153	150	169	144	132
Denominator	55,779	55,990	57,929	58,959	54,634
Data Source					KY vital stats live birth and death cert files
Do not report the numerator because there are fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>2.4</u>	<u>2.4</u>	<u>2.4</u>	<u>2.4</u>	<u>2.2</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change.
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2007
Field Note:
 2007 data is preliminary and numbers could change.
- Section Number:** Form12_Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.9	7.5	7.5	7.4	7.4
Annual Indicator	7.0	5.7	6.1	5.9	5.5
Numerator	392	320	353	349	299
Denominator	55,954	56,136	57,929	58,959	54,634
Data Source					KY vital stats live birth, death, and fetal death
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.2	5.2	5.2	5	5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

Data from 2007 is preliminary and numbers could change. This rate is calculated using the definition listed in the "View Detail Sheet," where the numerator is fetal deaths greater than 28 weeks gestation plus neonatal deaths under 7 days. In the past, the numerator was calculated using fetal deaths greater than 20 weeks gestation.

3. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Data from 2006 is preliminary and numbers could change. This rate is calculated using the definition listed in the "View Detail Sheet," where the numerator is fetal deaths greater than 28 weeks gestation plus neonatal deaths under 7 days. In the past, the numerator was calculated using fetal deaths greater than 20 weeks gestation.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	20.6	20.3	20	20	19
Annual Indicator	23.1	23.4	20.4	19.2	17.5
Numerator	178	180	158	148	135
Denominator	771,484	768,021	773,626	772,748	772,748
Data Source					KY vital stats death cert files & U.S. census bure
I cannot report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	17	17	16	16	16
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change. 2008 population estimates are currently not available therefore, 2007 population estimates were used for the denominator.
- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2007
Field Note:
 Data from 2007 is preliminary and numbers could change.
- Section Number:** Form12_Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: KY

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: KY FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce abuse and neglect in the MCH population.
2. Reduce obesity among Kentucky's children.
3. Improve the oral health of low income children, adolescents and maternal populations.
4. Improve the safety and well-being of children and adolescents.
5. Prevent and reduce smoking among pregnant women.
6. Improve the health and well-being of women of child-bearing age.
7. Improve pregnancy outcomes.
8. Decrease the infant mortality rate
9. Improve the availability and access of medical services for the foster care population.
10. Improve the availability and access of medical services for the medically fragile foster care population.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: KY

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Training and assistance regarding cultural and linguistic competency	Recommended during 2009 plan review; improve approach to address literacy levels, promote skills & independence for cultures and transitioning youth	National Center for Cultural Competence or HRSA recommendation
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Blind and deaf accommodations	Recommended during 2009 plan review; assistance to ensure blind and deaf populations provided opportunity for resources and decision making	HRSA recommendation
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 08 </u>	Assistance addressing & decreasing upward trend in teen pregnancy	Require new approach to addressing issue; elevated concern evident in Title V Forums	Guttmacher Institute or HRSA recommendation
4.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>	N/A	N/A	N/A
5.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>	N/A	N/A	N/A
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: KY

SP # 1

PERFORMANCE MEASURE:

Decrease the death rate for children age 0-18 due to unintentional injury and/or violence.

STATUS:

Active

GOAL

To reduce the rate of unintentional injury and/or violence among KY children aged 0-18 to no more than 7.0/100,000.

DEFINITION

The rate of death among KY children aged 0-18 during the reporting year whose primary cause of death was unintentional injury and/or violence.

Numerator:

Total number of deaths to KY children aged 0-18 whose primary cause of death was unintentional injury and/or violence during year X.

Denominator:

The total number of KY children aged 0-18 during year X based on population estimates from the U.S. Census Bureau.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital Statistics and population estimates for KY from the U.S. Census Bureau.

SIGNIFICANCE

Unintentional injuries remain the number one preventable cause of death among children. By preventing injuries and acts of violence to children, the child death rate will decrease and children will be able to thrive in safe environments.

SP # 2

PERFORMANCE MEASURE:

Reduce the rate of substantiated incidence of child abuse, neglect, or dependency.

STATUS:

Active

GOAL

Decrease the rate of substantiated incidence of child abuse, neglect, or dependency.

DEFINITION

Child abuse, neglect and dependency, as defined by the Kentucky Cabinet for Families and Children, Department for Social Services.

Numerator:

Number of substantiated children of child abuse, neglect or dependency to children under 18 years of age in Kentucky.

Denominator:

Number of children under the age of 18 in Kentucky.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

15-33

Reduce maltreatment and maltreatment fatalities of children.

DATA SOURCES AND DATA ISSUES

Department for Social Services Health Data Branch, Vital Statistics The most recent data from 1996. Data and estimates have been revised accordingly to reflect these changes.

SIGNIFICANCE

Recent research has determined that families in today's society face increasing stress due to teen pregnancy, substance abuse, domestic violence, poverty, isolation, unemployment and lack of adequate education. In many cases it is the most vulnerable family member--the child--who may become the target of the parent's anger and frustration. Substantiation of cases of abuse, neglect and/or dependency is the first step to implementing strategies to reduce further incidences.

SP # 7

PERFORMANCE MEASURE:

Increase the percent of women of childbearing age that present to a local health department that receive a preconceptional service.

STATUS:

Active

GOAL

To increase the percent of women of child bearing age that present to a local health department that receive a preconceptional service.

DEFINITION

Women aged 15-44 who receive preconceptional care services in a local health department.

Numerator:

The number of women (all racial and ethnic backgrounds) aged 15-44 that receive preconceptional care in local health departments.

Denominator:

The total number of women aged 15-44 receiving services in the local health department.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PSRS

SIGNIFICANCE

Pregnancy outcomes are improved when women of child-bearing age receive preconceptional care.

SP # 8

PERFORMANCE MEASURE:

Reduce the percentage of live births that are preterm.

STATUS:

Active

GOAL

Reduce the percentage of live births to KY residents that are preterm to no more than 7.6 percent of all live births.

DEFINITION

Percentage of preterm births (<37 completed weeks gestation) among KY residents during year X.

Numerator:

Total number of live births <37 completed weeks gestation among KY residents during year X.

Denominator:

Total number of live births to KY residents during year X.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-11a

Reduce the percentage of all preterm births.

DATA SOURCES AND DATA ISSUES

KY Vital statistics files, live birth certificate files.

SIGNIFICANCE

Preterm birth not only places an infant at risk of dying from complications but it is also a very costly problem both in terms of expenditures for direct medical care but also for indirect care and numerous repeat hospital stays, long term complications and disabilities, and sometimes severe learning disabilities, and the emotional impact on families and care-givers.

SP # 9

PERFORMANCE MEASURE:

Percentage of foster care children served by the Commission for Children with Special Health Care Needs (CCSHCN)

STATUS:

Active

GOAL

To increase the availability and access to medical care and care coordination to the foster care population.

DEFINITION

The number of children in foster care served by the Commission.

Numerator:

Number of children served by the Commission with foster parents identified as the contact person. FY 2005 baseline total equals 164.

Denominator:

Total number of children in foster care. FY 2005 baseline total equals 6600.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The number of services provided will be extracted from the Commission's web-based data system, CUP. The total number of children in foster care was determined by the responsible agency, DCBS. Though the total in foster care fluctuates we will use 2005 census data as our baseline.

SIGNIFICANCE

Though the need for medical services and medical care coordination for children in the foster care system has grown a limited budget within DCBS has not allowed for increased medical staffing. Working with this population expands services to an at-risk population with a broad range of health needs.

SP # 10

PERFORMANCE MEASURE:

Percentage of medically fragile foster children served by the Commission.

STATUS:

Active

GOAL

To increase the availability and access to medical services and care coordination to medically fragile foster children and their families.

DEFINITION

The number of medically fragile foster children served by the Commission.

Numerator:

Number of medically fragile children, as defined by Department for Community Based Services, DCBS, served by the Commission. 2005 baseline total equals 9.

Denominator:

Total number of medically fragile children, as defined by DCBS. 2005 baseline total equals 160.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The number of services provided will be extracted from the Commission's web-based data system, CUP. The total number of medically fragile children will be determined by the responsible agency, DCBS.

SIGNIFICANCE

Though the need for medical services and medical care coordination for children in the foster care system has grown a limited budget within DCBS has not allowed for increased medical staffing. Working with this population expands services to an at-risk population with a broad range of health needs.

SP # 11

PERFORMANCE MEASURE:

The number of Medicaid covered women who had at least one dental visit during their pregnancy.

STATUS:

Active

GOAL

To increase the number of Medicaid covered pregnant women that receive at least one dental visit during their pregnancy.

DEFINITION

The number of Medicaid covered pregnant women who had at least one dental visit during their pregnancy.

Numerator:

The number of pregnant women covered by Medicaid who had one or more dental visits during their pregnancy.

Denominator:

All Medicaid covered pregnant women. Members who have had no more than one break in enrollment of up to 45 days during the reporting year should be included in this measure.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will be collect through the HCFA reporting system. Information on HCFA dental codes used for this measure are available on pages 92 - 93 of the HEDIS 3.0, Volume 2 - January 1997.

SIGNIFICANCE

The utilization of dental services by Medicaid covered women has reached a critical level in Kentucky. This problem is related to many factors including lack of Medicaid dental providers, inadequate reimbursement rates, client no-shows and a lack of knowledge about the role of preventive care and how to access this benefit.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: KY

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	60.6	56.2	47.8	45.8	45.8
Numerator	1,652	1,541	1,315	1,276	1,276
Denominator	272,789	274,199	274,947	278,330	278,330

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 KY inpatient hospital discharge data will not be available until late summer of 2009; therefore, the 2008 numbers actually reflect 2007 data.

- Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

Data includes a primary, secondary or tertiary diagnosis code of 493.0-493.9.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>78.6</u>	<u>77.0</u>	<u>78.8</u>	<u>78.8</u>	<u>72.0</u>
Numerator	<u>16,677</u>	<u>16,624</u>	<u>17,626</u>	<u>17,626</u>	<u>51,098</u>
Denominator	<u>21,230</u>	<u>21,580</u>	<u>22,354</u>	<u>22,354</u>	<u>70,991</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator and denominator calculations have changed for this indicator. For numerator information, the HEDIS technical specifications for well child visits as accepted for HEDIS measures was used to determine procedure and diagnosis codes used for periodic screen. The HEDIS measures were used since they are a recognized national standard and would provide consistency in reporting over time.

Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

For denominator information, the age calculation changed for determining eligibility. Since age is not static, a child could have been born in the previous year but still be eligible for services and under one year of age in the following year; therefore, calculations were adjusted to reflect this and enrollment numbers have changed.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this indicator is derived from the CMS annual 416 EPSDT participation report for year 2006.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>77.9</u>	<u>81.0</u>	<u>84.1</u>	<u>79.9</u>	<u>61.4</u>
Numerator	<u>342</u>	<u>372</u>	<u>371</u>	<u>528</u>	<u>308</u>
Denominator	<u>439</u>	<u>459</u>	<u>441</u>	<u>661</u>	<u>502</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator and denominator calculations have changed for this indicator. For numerator information, the HEDIS technical specifications for well child visits as accepted for HEDIS measures was used to determine procedure and diagnosis codes used for periodic screen. The HEDIS measures were used since they are a recognized national standard and would provide consistency in reporting over time.

Preventive codes for periodic screen based on the HEDIS specifications included the following codes: 99381,99382,99391,99392,99432,V202,V703,V705,V706,V708, and V709

For denominator information, the age calculation changed for determining eligibility. Since age is not static, a child could have been born in the previous year but still be eligible for services and under one year of age in the following year; therefore, calculations were adjusted to reflect this and enrollment numbers have changed.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>75.6</u>	<u>70.5</u>	<u>75.4</u>	<u>73.4</u>	<u>75.5</u>
Numerator	<u>42,141</u>	<u>37,800</u>	<u>42,150</u>	<u>42,704</u>	<u>41,240</u>
Denominator	<u>55,775</u>	<u>53,647</u>	<u>55,893</u>	<u>58,164</u>	<u>54,599</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is preliminary.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	85.4	89.2	97.8	91.5	94.4
Numerator	356,053	361,554	470,710	436,253	461,330
Denominator	416,878	405,239	481,324	477,020	488,685

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2007

Field Note:

Medicaid claims can be paid for up to one full year from the date of service so the data is not complete and still considered to be preliminary.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>35.1</u>	<u>35.1</u>	<u>49.4</u>	<u>50.6</u>	<u>43.6</u>
Numerator	<u>31,127</u>	<u>31,127</u>	<u>35,206</u>	<u>38,417</u>	<u>55,116</u>
Denominator	<u>88,766</u>	<u>88,766</u>	<u>71,302</u>	<u>75,954</u>	<u>126,302</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Numerator and denominator calculations have changed for this indicator. For numerator information, Passport, the managed care portion of Medicaid that includes 16 counties in KY was included in 2008 when it had not been included previously.

For denominator information, the age calculation changed for determining eligibility. Since age is not static, a child could have been born in the previous year but still be eligible for services and under one year of age in the following year; therefore, calculations were adjusted to reflect this and enrollment numbers have changed.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.7</u>	<u>9.5</u>	<u>9.8</u>	<u>7.3</u>	<u>7.1</u>
Numerator	<u>1,699</u>	<u>2,176</u>	<u>2,255</u>	<u>1,797</u>	<u>1,795</u>
Denominator	<u>22,161</u>	<u>22,902</u>	<u>22,902</u>	<u>24,709</u>	<u>25,335</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

Data source for numerator is the CSHCN database. Data source for denominator is the Social Security Administration.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: KY

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Payment source from birth certificate	<u>10.5</u>	<u>7.4</u>	<u>8.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	<u>7.1</u>	<u>4.1</u>	<u>5.8</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>60.8</u>	<u>78.2</u>	<u>72</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>68.7</u>	<u>81.8</u>	<u>75.5</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: KY

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	185
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	150
c) <i>Pregnant Women</i>	2008	185

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: KY

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	200
b) <i>Medicaid Children</i> (Age range <u> </u> 1 to <u> </u> 19) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	200
c) <i>Pregnant Women</i>	2008	185

FORM NOTES FOR FORM 18

2008 data is preliminary and numbers could change.

FIELD LEVEL NOTES

None

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: KY

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: KY

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Youth Tobacco Survey	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: KY

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>8.7</u>	<u>9.1</u>	<u>9.1</u>	<u>9.1</u>	<u>8.8</u>
Numerator	<u>4,877</u>	<u>5,072</u>	<u>5,270</u>	<u>5,355</u>	<u>4,832</u>
Denominator	<u>55,779</u>	<u>55,990</u>	<u>57,929</u>	<u>58,959</u>	<u>54,634</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change.
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data from 2007 is preliminary and numbers could change.
- Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.1</u>	<u>7.3</u>	<u>7.5</u>	<u>7.6</u>	<u>7.3</u>
Numerator	<u>3,760</u>	<u>3,961</u>	<u>4,145</u>	<u>4,256</u>	<u>3,873</u>
Denominator	<u>53,271</u>	<u>54,140</u>	<u>55,226</u>	<u>56,350</u>	<u>53,001</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data from 2007 is preliminary and numbers could change.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.7</u>	<u>1.6</u>	<u>1.7</u>	<u>1.6</u>	<u>1.4</u>
Numerator	<u>960</u>	<u>899</u>	<u>990</u>	<u>927</u>	<u>756</u>
Denominator	<u>55,779</u>	<u>55,990</u>	<u>57,929</u>	<u>58,959</u>	<u>54,634</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2008
Field Note:
 2008 data is preliminary and numbers could change.
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2007
Field Note:
 Data from 2007 is preliminary and numbers could change.
- Section Number:** Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2006
Field Note:
 2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	1.3	1.3	1.4	1.3	1.1	
Numerator	715	681	770	742	593	
Denominator	53,271	54,140	55,226	56,350	53,001	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Provisional	Provisional	

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data is preliminary and numbers could change.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data from 2007 is preliminary and numbers could change.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	13.7	12.6	9.7	6.9	6.3
Numerator	113	104	80	57	52
Denominator	826,377	823,524	824,209	828,157	828,157

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change.

2008 population estimates are currently not available therefore, the 2007 estimates were used for the denominator.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Data from 2007 is preliminary and numbers could change.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>6.1</u>	<u>5.0</u>	<u>4.6</u>	<u>2.5</u>	<u>2.7</u>
Numerator	<u>50</u>	<u>41</u>	<u>38</u>	<u>21</u>	<u>22</u>
Denominator	<u>826,377</u>	<u>823,524</u>	<u>828,830</u>	<u>828,157</u>	<u>828,157</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change. 2008 population estimates are currently not available therefore, 2007 population estimates were used for the denominator.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data from 2007 is preliminary and numbers could change.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	42.9	37.5	33.4	26.7	23.7
Numerator	248	213	207	165	146
Denominator	577,985	567,982	619,836	616,889	616,889

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change. 2008 population estimates are currently not available therefore, 2007 population estimates were used for the denominator.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data from 2007 is preliminary and numbers could change.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data is preliminary and numbers could change.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>147.5</u>	<u>142.1</u>	<u>142.1</u>	<u>136.0</u>	<u>129.0</u>
Numerator	<u>1,219</u>	<u>1,174</u>	<u>1,174</u>	<u>1,126</u>	<u>1,068</u>
Denominator	<u>826,377</u>	<u>826,015</u>	<u>826,015</u>	<u>828,157</u>	<u>828,157</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change.

2008 population estimates are currently not available therefore, 2007 estimates were used for the denominator.

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is preliminary and numbers could change.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this indicator is now being reported through the Kentucky Injury Prevention Research Center out of the University of Kentucky. This agency will be able to provide more accurate data as it relates to the area of injury. This agency receives data from hospitalization records only and currently does not have access to emergency room data. 2006 data is currently not available and figure reflects 2005 data.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>25.0</u>	<u>22.5</u>	<u>22.5</u>	<u>15.7</u>	<u>18.6</u>
Numerator	<u>207</u>	<u>186</u>	<u>186</u>	<u>130</u>	<u>154</u>
Denominator	<u>826,377</u>	<u>826,015</u>	<u>826,015</u>	<u>828,157</u>	<u>828,157</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change.

2008 population estimates are currently not available therefore, 2007 estimates were used for the denominator.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is preliminary and numbers could change.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this indicator is now being reported through the Kentucky Injury Prevention Research Center out of the University of Kentucky. This agency will be able to provide more accurate data as it relates to the area of injury. This agency receives data from hospitalization records only and currently does not have access to emergency room data. 2006 data is currently not available and figure reflects 2005 data.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	153.1	141.6	141.6	125.2	110.9
Numerator	885	828	828	701	621
Denominator	577,985	584,540	584,840	559,766	559,766

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data is preliminary and numbers could change.

2008 population estimates are currently not available, therefore, the 2007 estimates were used for the denominator.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data is preliminary and numbers could change. The 2007 file is not complete as data from a few hospitals is missing. Health Policy does not anticipate having a complete file reflecting all hospitals until mid August. This years indicator will be updated next year to reflect appropriate numbers.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Data for this indicator is now being reported through the Kentucky Injury Prevention Research Center out of the University of Kentucky. This agency will be able to provide more accurate data as it relates to the area of injury. This agency receives data from hospitalization records only and currently does not have access to emergency room data. 2006 data is currently not available and figure reflects 2005 data.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	19.7	18.2	18.6	17.7	25.3
Numerator	2,619	2,445	2,528	2,428	3,471
Denominator	133,128	134,356	135,840	137,048	137,048

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 population estimates are not currently available through the U.S. Census Bureau therefore, 2007 estimates are being used for 2008.

Reporting of cases from both private and public providers has improved and more reports are being received which accounts for the increased rate.

Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

The Infertility Prevention Program targets chlamydia screening to women ages 15-24 receiving family planning services. Women above age 24 are screened if they are at increased risk due to multiple sex partners, exposure to an infected partner or a prior history of a STD. All women who present to STD clinics in Kentucky are screened for chlamydia.

The amplified testing procedure that is currently utilized for chlamydia detection is far more sensitive than prior procedures. As a result, more positive results are being found, reported and treated.

The time span between specimen collection and treatment date is being monitored to ensure timely treatment of infected individuals and the reduction of spread of the disease.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	4.7	4.7	4.8	4.9	6.7
Numerator	3,514	3,434	3,542	3,575	4,873
Denominator	739,968	735,723	731,707	728,904	728,904

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

2008 population estimates are not currently available from the U.S. Census Bureau, therefore, 2007 estimates are being used.

Reporting of cases by private and public providers has improved as more reports are being received which accounts for the increase.

Data Source: KY Dep. for Public Health, Division of Epidemiology and Health Planning, Sexually Transmitted Diseases Branch, Surveillance Section.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	55,409	47,818	5,643	125	641	28	1,154	0
Children 1 through 4	222,921	192,345	21,592	417	2,922	95	5,550	0
Children 5 through 9	274,524	238,563	25,841	642	3,010	128	6,340	0
Children 10 through 14	275,303	240,661	25,877	639	2,681	145	5,300	0
Children 15 through 19	282,187	246,650	28,680	716	2,096	162	3,883	0
Children 20 through 24	277,579	243,034	27,646	936	2,759	145	3,059	0
Children 0 through 24	1,387,923	1,209,071	135,279	3,475	14,109	703	25,286	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	52,922	2,487	0
Children 1 through 4	213,073	9,848	0
Children 5 through 9	265,053	9,471	0
Children 10 through 14	267,625	7,678	0
Children 15 through 19	275,754	6,433	0
Children 20 through 24	269,751	7,828	0
Children 0 through 24	1,344,178	43,745	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	85	66	14	0	0	0	0	5
Women 15 through 17	2,067	1,669	301	2	5	0	0	90
Women 18 through 19	5,263	4,357	724	6	23	0	0	153
Women 20 through 34	42,142	36,149	3,819	53	642	7	0	1,472
Women 35 or older	5,042	4,308	380	4	163	0	0	187
Women of all ages	54,599	46,549	5,238	65	833	7	0	1,907

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	77	8	0
Women 15 through 17	1,944	121	2
Women 18 through 19	5,015	243	5
Women 20 through 34	39,989	2,131	22
Women 35 or older	4,759	276	7
Women of all ages	51,784	2,779	36

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	315	255	52	0	5	0	0	3
Children 1 through 4	50	46	3	0	1	0	0	0
Children 5 through 9	36	33	3	0	0	0	0	0
Children 10 through 14	49	45	3	0	0	0	0	1
Children 15 through 19	156	139	15	0	0	0	0	2
Children 20 through 24	243	215	24	0	3	0	0	1
Children 0 through 24	849	733	100	0	9	0	0	7

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	294	18	3
Children 1 through 4	46	4	0
Children 5 through 9	34	2	0
Children 10 through 14	47	1	1
Children 15 through 19	149	6	1
Children 20 through 24	226	16	1
Children 0 through 24	796	47	6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,110,344	966,037	107,633	2,539	11,350	558	22,227	0	2008
Percent in household headed by single parent	33.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	10.6	7.8	2.6	0.3	0.4	0.2	0.5	0.0	2008
Number enrolled in Medicaid	432,056	339,536	64,461	1,333	2,173	639	1,270	22,644	2008
Number enrolled in SCHIP	69,960	61,753	7,404	177	409	77	104	36	2008
Number living in foster home care	7,212	5,310	1,381	14	7	12	0	488	2008
Number enrolled in food stamp program	936,630	788,244	136,586	2,007	3,787	1,220	1,753	3,033	2008
Number enrolled in WIC	140,488	121,263	16,503	276	836	1,609	0	1	2008
Rate (per 100,000) of juvenile crime arrests	58.7	45.9	151.0	29.5	10.2	15.4	97.5	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	3.3	2.9	6.1	4.3	1.8	0.0	0.0	4.1	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,074,427	35,917	0	2007
Percent in household headed by single parent	0.0	0.0	33.0	2007
Percent in TANF (Grant) families	10.2	0.4	0.0	2008
Number enrolled in Medicaid	414,718	17,338	0	2008
Number enrolled in SCHIP	67,406	2,554	0	2008
Number living in foster home care	6,923	289	199	2008
Number enrolled in food stamp program	904,706	28,891	3,033	2008
Number enrolled in WIC	128,483	12,005	0	2008
Rate (per 100,000) of juvenile crime arrests	68.8	34.8	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	6.1	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	655,619
Living in urban areas	619,402
Living in rural areas	509,104
Living in frontier areas	0
Total - all children 0 through 19	1,128,506

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	4,241,474.0
Percent Below: 50% of poverty	7.4
100% of poverty	15.5
200% of poverty	38.2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,074,427.0
Percent Below: 50% of poverty	11.8
100% of poverty	21.0
200% of poverty	43.2

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1.

Section Number:

Form21_Indicator 09A

Field Name:

HSIRace_JuvenileCrimeRate

Row Name:

Rate (per 100,000) of juvenile crime arrests

Column Name:

Year:

2010

Field Note:

Data is per 10,000 sepcified population.
2.

Section Number:

Form21_Indicator 09B

Field Name:

HSIEthnicity_JuvenileCrimeRate

Row Name:

Rate (per 100,000) of juvenile crime arrests

Column Name:

Year:

2010

Field Note:

Data is per 10,000 specified population.